

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIV.

THURSDAY, APRIL 3, 1856.

No. 9.

## FEMALE PHYSICIANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have often wished, when reading the gross perversions of the truth which have been industriously brought before the public by interested persons, that the actual facts in regard to this subject might be so presented as to disabuse those who have been induced to credit the assertions so frequently and boldly made.

The proposition that women, as a sex, cannot practise medicine—that their weak physical organization renders them unfit for such duties and exposures—that their *physiological condition, during a portion of every month*, disqualifies them for such grave responsibilities—is too nearly self evident to require argument. I therefore limit myself to a statement of the facts as regards midwifery alone, for the practice of which it has been especially claimed that they are competent.

It is asserted, in the first place, by the advocates of this claim, that were the habits of society less artificial, the process of child-bearing would be as easy and safe as in wild animals, calling for no intervention of science and skill. In the second place, they affirm, that in Europe the practice of midwifery is almost exclusively in the hands of females. Lastly, and as their weightiest argument, they declare that physicians are licentious, and that morality and delicacy require that they should be superseded.

But as respects savage nations, as well as in regard to domestic animals, we have abundant proof that no such immunity from pain and danger exists. On this point I beg leave to quote a small portion of the testimony lately collected by a distinguished English author,\* who says: "A variety of recent valuable evidence (furnished chiefly in casual hints and allusions, the most unexceptionable kind of evidence) leads to a very different conclusion. So far is parturition from being *easy, expeditious and safe* in every instance, among barbarians, we have reason for thinking that *difficult* labors are as numerous with them as with us. In exemption from the usual causes of impeded labor, requiring the aid of science for

\* Robertson.

the safe delivery of a patient, there is either no difference at all ; or if there be, it will be found in the greater exemption, from such causes, of women in a state of civilization. Although much minute and specific information on this point is not to be expected, I have collected a number of remarks more or less bearing upon it. Long mentions, incidentally, the fact of a young woman of the Rat Nation being in labor a day and a night, without uttering a groan, the force of example acting so powerfully on her pride as not to allow her to express the pain she felt. A similar fact is stated in the voyage of Clarke and Lewis up the Missouri. Hearne, in his journal of an Expedition to the Northern Ocean, casually says, 'here we were detained two days, owing to one of our women being taken in labor. She was not delivered till she had suffered for nearly fifty-two hours.' MacKenzie incidentally notices that on a particular time, the Indian hunter attached to the party returned, after a temporary absence, accompanied by his wife, leaving behind him his mother-in-law, in a helpless state, with three children, *and in labor with a fourth*. It came out that she had been left 'in a state of great danger.' Capt. Keating states respecting the Potawatomis, a tribe with which he associated for some time, and concerning whose manners his party gained much curious information, that labor was seldom fatal, but that many instances had occurred in which the child was so long *in being born*, that it was putrid when expelled. The same writer informs us that in answer to inquiries concerning the usual duration of labor in a tribe of Indians called Sauks, he was told that the pains of labor continued, in some instances, as long as four days. Among the Dacotas, the same party learned that parturition in some cases lasted from two to four days. We have another incidental notice of labor in an Indian in Franklin's Overland Journal. A Chippawyan woman fell in labor, in the woods, of her first child ; and, on the third day after, died. In Krantz's account of the manners of the Greenlanders there occurs an allusion to parturition. Among others, those, it appears, are to find entrance to heaven who have died in childbirth. Messrs. Ellis and Bourne, who resided a great many years as missionaries in the South Sea Islands, have furnished me with valuable information concerning parturition as it occurs in those Islands. Mr. Ellis says : 'Protracted and dangerous labors have generally been occasioned by mal-presentations.' Mr. Bourne says : 'The missionaries have saved many in difficult labors that would otherwise have died.' Long, the able historian of Jamaica, writes, in allusion to parturition among the slaves, that many children are annually destroyed, as well as their mothers, in the hands of the negro midwives. A writer in the Encyclopædia Britannica has shown that for a long period midwifery has been practised in China by a set of men destined to the purpose by order of government. These men are called in whenever a woman has been above a certain number of hours in labor, and employ a mechanical contrivance for completing the delivery. The Chinese government, it is said,

was led to make this provision in consequence of a representation that annually many women died undelivered, and that in a majority of cases the cause of obstruction might have been removed by simple mechanical expedients."

It is needless to add further evidence. We have seen that rude nations acknowledge the necessity for more or less assistance in the act of accouchement. This is further proved by the rude expedients resorted to by such nations to accomplish delivery. The circular fillet around the abdomen, tightened with great force by a dozen assistants, with the view of *forcing out the child*; the suspension of the woman by the heels, with the hope of altering the position of the infant, as practised among the Indians and Negroes, are examples of these.

As civilization advances, we find a far higher regard for all which concerns the welfare and safety of woman. It was this exalted regard which at last demanded the transfer of the responsibilities of the lying-in chamber from the midwife to the educated accoucheur. The results of this change were, a diminution of the mortality incident to childbirth, in the course of half a century, *to half its former amount*. The reasons for it have been already partially alluded to; but one other of them is worth mentioning, as it furnishes a complete contradiction to the theories of the would-be reformers, who assert that women under such circumstances need more sympathy and gentleness than they receive from physicians of the other sex. This reason was, the *notorious harshness of the midwives*. With all the desire to display their importance and their skill which belongs to half-cultivated minds, they sacrificed the comfort and even the safety of the patient to the endeavor to make a brilliant impression of their own ability. This is well known as regards those of Scotland and England at the present day. In regard to those of France, the writer was informed at Paris, that one reason why the midwives were not employed (except as a measure of economy by the poorer classes), was their extreme roughness, not to say cruelty, towards their patients. The able author I have already cited says, of those of England: "It is scarcely credible to what an extent they carry their interference in every stage of labor. It is no part of their system to trust to the unaided powers of Nature." Those who have had much opportunity to observe the harshness and neglect which many patients endure from their nurses, will be quite prepared to receive these statements as unexaggerated.

But we are told, in the second place, that in Europe, and especially in France and Germany, the practice of midwifery is almost the exclusive province of females. I submit the following facts, obtained by personal observation. The government does all in its power to render the "*sage femmes*" or midwives, as far as they can be, competent, by providing for them a system of instruction under the direction of the faculty of medicine, and by requiring them to pass two distinct examinations before they are permitted to practice. But, even after such qualification (far superior to any-

thing dreamed of in this country), they have been found so unskilful that they are forbidden, by law, to continue in charge of a difficult case, or to apply instruments, without calling in a physician. Even the eminent midwives who have the superintendence of the Maternité and the other large lying-in hospital at Paris, with their experience of thousands of cases, do not have the responsibility of the management of difficult labors. The physician who has charge of the hospital, or if he cannot be found, his substitute, is sent for. If neither of them can be found, notice is left at their houses; but, if delay be inadmissible, the house physician, not the chief midwife, takes charge of the case. Educated as we have seen, the midwives enter upon the discharge of the duties of practice, but not to be welcomed and patronized by the delicate and refined portion of their sex. In Paris, some find employment among the lower classes; others sustain themselves by keeping houses for accouchement, of which the signs may be noticed in all the less respectable quarters of the city. These houses afford a cheap resource for the wives of such small tradesmen as find their apartments at home too limited for their comfort during confinement, as well as for a large class who desire secrecy. Here the young girl, not a wife, becomes a mother; and the widow hides the consequences of her "indiscretion." Hence, perhaps, the child is sent to the basket of the Foundling Hospital, very probably to fall a victim to its want of maternal care; and the mother, having paid her forty francs for the accouchement and the nine days allotted her, returns to her position in society. In the rural districts, as in Great Britain, some midwives obtain a partial support in the small hamlets which are too far from larger places to allow of the services of a physician being readily procured for such occasions.

Many of equivocal reputation occupy the ranks of the midwives, who, having pursued an improvident career as grisettes, find themselves, at middle age, with no resource so convenient as the vocation of the sage femme. That such persons should be unscrupulous in practising the illegitimate arts of their calling, as well as its honorable duties, need surprise no one. In Great Britain the education of the midwives is less methodical; but they are similarly sustained, by the lower classes only, not as a matter of choice, but of economy. The competence of some may be judged of from a case lately brought before the London courts, where a midwife (who had been a pupil at a London lying-in hospital), after the patient had been delivered, dragged the womb itself out of the body, and then, supposing that this organ was something which ought to be removed, *tore it away from the woman*, causing her speedy death.

If, then, midwives have still a recognized existence in European countries, they do not owe it to any superior delicacy or higher morality; but, as I have shown, to circumstances inseparable from a poor or sparsely scattered population. These circumstances do not exist in even the most thinly-settled portions of New England, and



the more valuable services of the physician have been within the reach of all, no matter how poor or how distant.

But the public have been told, *not by ladies*, but by men whose grossly indelicate works do not go to prove *them* the fittest judges, that the confidence of the sex is abused by physicians, and that to employ them is an offence against the higher sentiments of woman's nature. Every pure-minded lady denies the libel, as regards her trusted medical adviser and the profession at large, as well as herself. Incapable of the indelicacy of thinking and acting as if, in any matters concerning the health of herself and her children, there could be any question of sex, she describes to her physician, without hesitation or reserve, the physiological or pathological phenomena in regard to which she solicits his advice; knowing that he receives her confidence in the same spirit. There may be exceptions in morality among physicians; but where can an equal number be found, in any class of society, whose conduct is *as irreproachable*. No objection is made to the admission of clergymen to intimate and confidential relations with the other sex, although these relations take place under circumstances infinitely more likely to lead into temptation, and though the community has witnessed more instances of exposure of misconduct on the part of the clerical than of the medical profession.

I trust I have fully proved, that so far from being a benefit to society, so far from enhancing the purity and delicacy of female character, it would be a misfortune to both that any retrograde step should be taken, as regards the qualifications and character of the medical attendant. The duties of the accoucheur are not limited to the service rendered on a single occasion. He must see that mother and child are doing well, and take every precaution to avert any germ of future disease. Is he, with his intimate knowledge of the whole constitution, his skill acquired by years of thought and culture, any too competent for these important responsibilities?

Some wise and worthy men have been anxious that the experiment should be tried; some clergymen have been persuaded to give an opinion on a question of which they are most unqualified judges; but the public have given but a chilling support to the languishing experiments which they have been forced to witness in the sham education of females. Nor will the occurrence, within a few weeks of each other, and within a short distance of Boston, of two cases, where the gross ignorance of two of the professedly educated females, cost the life of one patient, and made another the subject of an infirmity which renders life a burden, be likely to exalt the plan in public favor. But like its coëval Bloomerism, the scheme has already received its deserts. It contains within itself the elements of failure; for, as one of its advocates remarked, "the girls don't like to dissect." They did not seem to like, either, to devote more than three months to a course of medical education.

I have offered these too long remarks, Messrs. Editors, although you have so ably disposed of part of the question in your No. of

the 1st November last, in the hope that the statement of facts may enable some in the profession to refute the assertions which have been so freely made, and to give a satisfactory answer to the appeal which is now and then made to them for the truth in regard to the merits of this question. \*

---

RARE CASES OF INJURY TO THE KNEE-JOINT, WITH A NEW METHOD OF TREATING FRACTURE OF THE PATELLA.

---

BY E. K. SANBORN, M.D., LOWELL, MASS.

*Complete Dislocation of the Bones of the Knee-joint.*

PARTIAL displacement of the tibia from the condyles of the femur, though not a very common occurrence, occasionally happens. This accident is necessarily accompanied with more or less injury to the ligaments, and effusion into the cavity of the joint and areolar tissue. If the dislocation is simple, the subsequent inflammation is usually slight, and the ultimate recovery perfect. A complete luxation of the head of the tibia from the end of the femur is, on the other hand, an extremely rare injury—one that implies extensive laceration of all the fibrous structures of the articulation, extravasation of blood into the joint, and also a degree of consequent inflammation to be dreaded. But even in complete dislocation, if it be not compound, the inflammation may be slight, and the restoration of the functions of the joint complete.

CASE.—W. S., a strong, healthy man, of middle age, employed in one of the factories in this city, was caught by a belt and carried over a shaft which was revolving with great rapidity. The shaft was very near the ceiling, and every time the man made the revolution (and he made a great many before the machinery could be stopped) his limbs came with great force against portions of the building. When taken down, his right leg and thigh had the appearance of being broken, and with that impression his friends carried him to the hospital, where he came under my care.

At the first glance, the injured limb appeared to be broken in many places. It was shorter than the other by six inches, and laid on the bed, a shapeless mass. A more minute examination proved the nature of the injury to be a complete dislocation of the *tibia* forward. The head of the latter bone was quite prominent on the front aspect of the lower third of the femur, while the condyles of the femur were driven down under the belly of the gastrocnemius muscle. The extensor muscles of the thigh were of course wholly relaxed, and the *patella* could be moved about at will. The skin was unbroken, and not even discolored in the region of the knee. The reduction of the dislocation was very easily accomplished. The pelvis being held by an assistant, I grasped the ankle, and, with a moderate effort, drew the bone down into its proper situation. The symmetry of the limb was immediately restored, and apparently no serious damage had been done.

The limb was then placed in a semi-flexed position, and close watch was kept for the first appearance of inflammation. There was a trifling degree of swelling, but no pain, nor complaint respecting the knee. The patient was detained in the hospital for a short time, on account of sloughing about the ankle, which followed the bruises received at the time of the accident, and was then discharged entirely well.

*Lateral Luxation of the Patella, of difficult Reduction.*

Liston rather incredulously and humorously remarks, that "he never had the fortune to perform the good office of reducing a patella for any patient"; intending to convey the meaning that the bone usually slipped into place of its own accord before the arrival of the surgeon. Cooper gives a case in which a dislocated patella could not be reduced, even after the division of the ligamentum patellæ and the attachments of the extensor muscles; and (he says) the patient finally died, in consequence of the incisions into the joint. According to the description given of this case, the patella was dislocated laterally, and also turned on its long axis, in such a manner that its inner edge was imbedded behind the external condyle. Such a case came under my observation a few months since. The position of the dislocated bone was very nearly that just described. The inner edge of the patella was imbedded behind the external condyle, while the outer edge was turned forward, and lay immediately under the skin. The limb was a little flexed and immovable. From this position the bone was, with great difficulty, dislodged. Chloroform was administered, and the extensor muscles completely relaxed by this agent, and by extension, but still all manipulation was wholly ineffectual. The reduction was finally accomplished by forcibly flexing the leg on the thigh, to the extremest extent possible. By this process, the bone was lifted out of its unnatural position, and the reduction was instantaneous. The subject of the above injury was a young man, 20 years old, and the accident occurred from a fall received while running.

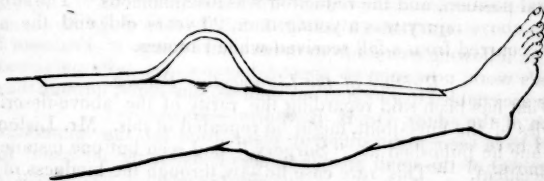
*Rupture of the Ligamentum Patellæ.*

What has been said regarding the rarity of the above-described injuries of the knee-joint, might be repeated of this. Mr. Liston, at the time he published his "Surgery," had seen but one instance of the accident. "This rare case he saw through the kindness of his friend, Mr. Fisher, of Argyle street." Having treated successfully one case of this unusual injury, I give it by way of introducing a new method of dressing, adapted both to rupture of the ligament, and to fracture of the patella itself. In case of transverse fracture of the patella, the upper fragment, as is well known, is very apt to be drawn upwards on the thigh, by the rectus femoris and associated muscles; and the difficulty of keeping the upper fragment drawn down into close apposition with the lower portion, constitutes the only obstacle to the successful management of this fracture. That this difficulty is one not easily overcome when the separation

of the fragments is considerable, any one will acknowledge who has had any experience in the treatment of this fracture. Where the patella is separated from its ligament, it is drawn up, bodily, four or five inches, by the extensor muscles, and the difficulty of keeping it in place is very much greater than where a portion of it is separated, as in simple fracture of the bone. By a very simple contrivance I have succeeded in getting perfect and speedy recoveries in several cases of fracture of the patella, and in one case of rupture of the ligament with great displacement. In addition to its simplicity and power, it has the advantage of being applicable to those cases where inflammation and effusion into the joint forbids tight bandaging, and consequently the application of the usual means for overcoming the muscular contraction.

CASE.—While repairing one of the public buildings of this city, two men, masons by trade, were precipitated, by the breaking of a staging, a distance of twenty-five feet on to a plank floor. One of the men received a fracture of the base of the skull, and died in consequence; the other escaped with a rupture of the ligamentum patellæ. The man was conveyed home, and a neighboring physician applied the usual dressing of a "figure of eight" bandage, with a splint behind the joint. In the course of the following night, the pain in the knee became intolerable, from the swelling and consequent tightness of the bandage, and all dressings were removed. The following day the case was transferred to my care by the attending physician. I found the knee a good deal swollen and inflamed, and there was evidence of extensive extravasation of blood into the joint and surrounding tissue. The patella was drawn up the thigh for a distance of four inches; and although it could be brought down nearly to its proper situation by the hand, a bandage sufficiently tight to keep it there could not be borne.

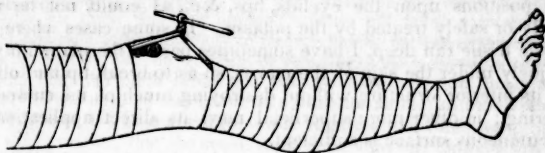
FIG 1.



The object to be accomplished, then, was to bring a sufficient force to bear on the patella, without making pressure on the joint or impeding the circulation in the limb. And it was accomplished in this manner: a strip of ordinary adhesive plaster, four feet long and two and a half inches wide, was applied to the limb from the upper portion of the thigh to the middle of the leg, leaving at the knee, a free loop, as shown in figure 1. A roller bandage was then applied above and below the knee, for the purpose of securing the plaster, and controlling the circulation and muscular contraction. A small stick, six or eight inches in length, then being put through

the loop over the knee, the plaster was twisted until the patella was brought nearly down to its proper situation. Before applying the *twist*, a hand compress was placed above the edge of the patella in such a manner as to bring the force to bear directly upon that bone. The appearance of the limb, fully dressed, but without the force applied, is shown in figure 2. Leeches and fomentations were ap-

FIG. 2.



plied to the joint; and as the inflammation subsided, the plaster was tightened, until (at about the sixth day) the bone was brought fully down to its normal situation. It was there held, without the slightest uneasiness to the patient, until union took place. In three weeks the man was able to walk alone, with the plaster still applied, and the recovery was ultimately perfect. There is now no perceptible halt in the gait.

Within the last two years several cases of transverse fracture of the patella have been treated by this method, both by myself and others in this vicinity, and with perfect success. In the winter of 1854 I also had the pleasure of applying this dressing to a patient of Mr. Stanley's in St. Bartholomew's Hospital, London, when the simple inclined plane failed to bring the two fragments of the fractured patella together. The simplicity of the method, and its complete success, gained for it the warm approval of that distinguished surgeon.

#### ON THE TREATMENT OF ERECTILE NÆVI.

[THE following extract from the second volume of Professor Simpson's work, now soon to appear, has not yet been published, and we are enabled to give it to our readers, thus early, through the attention of the editor, Dr. H. R. Storer.—Eds.]

I have seen many different plans tried for the obliteration and removal of the small erectile tumors constituting the usual form of *nævi materni*. Latterly, in my own practice I have been led to place most reliance upon the two following methods as being at once the most certain as well as the most expeditious:—

1. The application of a pointed stick of *potassa fusa* to the surface and tissue of the tumor, carefully limiting, at the same time, the effects of the alkali by the free use of *vinegar*. With the *potassa* fixed in a common caustic holder, one can easily and satisfactorily destroy the diseased tissue to the required extent and depth in the course of two or three minutes; and the free application of

vinegar immediately afterwards, both arrests at once any further destructive action of the caustic, and annuls the sensation of pain and irritation in the part operated on. I have seen a number of both large and small nævi most successfully removed by this plan. But—

2. The *galvanic cautery*, as ingeniously proposed by Mr. Marshall for various purposes in surgery, has appeared to me a valuable means of effectually destroying some nævi when they occupied such positions upon the eyelids, lips, &c., as could not be very readily or safely treated by the potassa. In some cases where the erectile tissue ran deep, I have sometimes passed the platinum wire obliquely under the skin of the nævus, so as to break up and obliterate its interior structure without destroying much of its cutaneous covering; in other more superficial nævi its direct application to the cutaneous surface is sufficient.

In using either the potassa fusa or galvanic cautery, the little patient should be previously anæsthetized.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 14th, 1856.—*Choleraic Disease.* Dr. W. E. TOWNSEND reported the case.

Dr. T. was called, at 4 A. M., Thursday, Dec. 27th, to a house in Garden street, where he saw a man about 30 years of age, who had been attacked two hours previously with what his wife supposed to be cholera morbus; but the symptoms were growing so severe, and so closely resembled an attack of cholera which he had in St. John, a little over two years ago, that she became frightened, and sent for the nearest physician.

She reported that he had thrown from his stomach, and passed from his bowels, nearly a pailful; the dejecta consisting, at first, of undigested food, and afterwards of something like water. He had eaten mutton for dinner the day before, and potatoes not thoroughly boiled; and, at supper, mince pie; but went to bed in apparently good health.

On his arrival, Dr. T. found the patient cold in his arms and legs, suffering every few moments from violent cramps in his legs and feet, unable to bear any thing on his stomach, and occasionally having perfect rice-water discharges, totally destitute of any faecal odor.

Increased heat was ordered to be applied to his feet, and his legs were well rubbed whenever the cramps attacked them, and solution of morphine was administered, which was twice rejected almost immediately, as also some brandy which he had taken previously. Dr. T. afterwards gave him, twice, the sulphuric-acid solution, and subsequently, by the advice of Dr. Storer, the family physician, who had been sent for, camphor dissolved in sulphuric ether. Mustard poultices were also applied to the epigastrium. No good effect followed any of these remedies. At times, his pulse failed, the cramps increased in violence and attacked the thighs; he complained that his head felt cold and that his eyesight was gone; his countenance grew dark and pinched; his hands were blue, and shrivelled like a washer-woman's, and there was every indication that collapse would soon take place.

A bath tub was, by this time, obtained, and having been half filled with



very hot water, in which was dissolved enough powdered mustard to give it a yellow tinge, the patient was placed in it, and kept from five to ten minutes, being, in the meantime, well rubbed; when taken out, he was wrapped in hot blankets, and placed in a cot bed near a large fire; at this time, by Dr. Storer's advice, a pill of camphor and opium was administered, which was the first thing he retained upon his stomach. Re-action began to take place, and he slept about fifteen minutes. An hour after, he took another pill, and immediately rejected it, with some water he had taken in the interval—for his thirst was now intense; another pill, taken soon after, he retained, and then began gradually to recover, having but two or three slight cramps afterwards, and no purging or vomiting. He was unable to pass any urine from the night before his sickness till nearly forty hours had elapsed; for two days he was unable to move or be moved, without a sensation of faintness, but after a week was able to attend to his business.

His wife remarked that she could perceive no difference between this attack, and that at St. John, except that the cramps in that case were more universal, affecting, even, the muscles of the face and head; there too, as here, the warm bath was the first of the remedies used, that gave any decided relief.

**JAN. 14th.**—*Suppurative Inflammation of the Frontal Sinuses with Intermittent Amaurosis.* The case reported by Dr. BETHUNE.

**Dec. 26, 1855.**—The patient, Mary C., is 32 years of age. Her health has been good till within the past three months; since which she has been troubled with anorexia, costiveness, and swelling at the epigastrium. Has had, also, for three months, a "gathering" inside the nose, which discharges yellow matter and blood from the left nostril, once or twice a week. Four or five days before the discharge, pain commences over the orbits, which increases, and becomes so severe before the escape from the nostril, as to prevent her sleeping at night, except by lying on her face. With this, she has a diminution of vision, beginning and increasing with the pain, so that, at last, she cannot see to get about. With the discharge she *suddenly* recovers her sight. The left eye is most affected. On examination it presents nothing abnormal. She was ordered one leech inside each nostril: the compound rhubarb pill, p. r. n.; quinine in two-grain doses, three times in the day; and fresh air and exercise.

**Jan. 3.**—The pain was relieved by leeches, but returned, and the discharge has recurred twice since visit. By mistake she omitted to take the rhubarb pills, and vomited after taking the quinine. She was ordered to omit the quinine for the present.

**Jan. 8.**—There is more pain in the upper nostrils, but less over the eyes. She has now some pain which runs along the median line of head to vertex. The discharge has occurred once, with less blindness, and was again relieved by leeches. These were ordered to be repeated, and the pill to be continued if required by the state of the bowels. Also the application to the epigastrium, where she complains of pain, of equal parts of the *linimentum ammoniac* and the *linimentum saponis et opii*.

**Jan. 12.**—Found her much relieved in the head. There has been but one discharge since the last visit, and this much less in quantity, with less pain and affection of the sight. She complains of feeling very faint at the stomach. Ordered the *emplastrum ferri*.

**JAN. 14th.**—*Alterations of the Os Uteri in Pregnancy.* A paper read by Dr. PARKS.

On this question, discussed at a late meeting of the Society, I would

say that my remarks on that occasion, referred to the size and shape of the opening merely, the subject of the consistence of the cervix being left entirely out of view.

As to the latter point, M. Stoltz, of Strasburg, by whom the subject has been much investigated, and who is quoted as authority by Dubois and others, states that the *softening* of the cervix is gradual throughout pregnancy. Baudelocque, Capuron, Velpeau, and others, say that there is a gradual diminution in the *length*, also, of the uterine neck, from the beginning to the end of gestation. But Stoltz declares this to be a mistake; and that the *apparent* shortening is owing to the *softening*, in consequence of which the organ yields to the pressure of the finger, and retreats before it.

Some of the most important statements, considered as probably applicable to the majority of cases, by Jacquemier (who is deemed the most reliable obstetric writer among the French—more so than Cazeaux,) are; 1st, That the *softening* is gradual throughout pregnancy; 2d, That the *dilatation* and the *shortening* are initiated together, and proceed *pari passu*; 3d, That these two latter changes are not sensible to the touch till the fifth or sixth month; 4th, That in *primiparae*, at least, the vaginal portion of the cervix is rather elongated than shortened, up to the sixth month, after which it shortens; 5th, That (as according to Stoltz), the dilatation in *primiparae* takes place from within outwards—the internal os opening first; in *multiparae* it occurs from without inwards—the external os opening first.

"But," says Jacquemier, "during about the first five or six months the alterations of the cervix" \* \* \* are "but slightly sensible, and quite difficult to appreciate well."

JAN. 14th.—*Disease of the Left Kidney and of the Bladder, with Dropsy.* Dr. JACKSON showed the specimens, taken from a hospital patient who had been under the care of Dr. Bowditch. The kidney was enlarged, somewhat lobulated externally, and on incision seemed at first to be completely disorganized. Several large abscesses were cut through, and others were afterwards separately opened. These varied from one third of an inch to two inches in diameter, and were filled with a whitish substance, generally of a pasty consistence; the contents of some of the cavities more resembled pus. The cavities were mostly closed, but some of them communicated with the pelvis of the organ. Dr. J. was inclined to regard them all as dilated infundibula; the lining membrane being inflamed, the opening into the pelvis being closed by adhesion, and the shut cavity being then distended by the products of inflammation as they were poured out. On sponging out the contents, the lining membrane of a few of the cavities was nearly or quite healthy in appearance; but generally it was quite rough, as if superficially ulcerated, and thinly coated with an opaque, white curdy secretion. The substance of the kidney was pale and thin, as usual when distended, but showed no appearance of inflammatory deposit. The pelvis and ureter were affected as usual in a grave case of pyelitis; the latter enlarged, and firm to the feel, and both coated thickly upon the inner surface with an opaque curdy matter. The other kidney was healthy in appearance.

The bladder was much contracted, with redness and superficial ulceration to a considerable extent upon the inner surface.

The patient was a man, 33 years of age, who entered the hospital on the 2d of August, having been attacked about July 1st with dull, steady pain in the lumbar region, soon followed by swelling of body and afterwards by swelling of feet and legs; the urine was much diminished, and

there were symptoms thoracic and abdominal. The anasarca subsided, and he was discharged on the 15th of Sept.; the urine, whenever examined microscopically, containing pus and casts of the tubuli, and the density being diminished.

On the 17th of December he was re-admitted, with ascites and great œdema; pallor; cough. On the 23d, stupor was first noticed, and this continued until his death, which occurred on the 5th of January. The dropsy continued; and the urine was always albuminous, being once almost solidified by heat and nitric acid.

Besides the disease above described, there was found, after death, œdema of the lungs and larynx, and extensive effusion into the integuments, though only a pint was found in the abdominal cavity. In the brain was an effusion of blood.

JAN. 28th.—*Dry Specimen of Hip Disease from a female dissecting-room subject, 60-65 years of age, exhibited by Dr. HODGES.*

Previous to dissection the subject exhibited the following appearances. There was adduction and flexion of thigh, inversion of foot, prominence of trochanter, scars of old sinuses about the gluteal region, four to five inches shortening. Motion, excepting rotation, tolerably free.

Os innominatum very thin and light, diaphanous to a remarkable extent; dorsum ilii convex instead of concave. The cotyloid cavity has lost its regular rounded shape; its smooth circular lip is in a measure absorbed; its place, together with the cavity itself, is marked by bony excrescences that have partly obstructed the latter, and an extremely dense, fibrous tissue in the recent state, completed this obliteration. Superiorly, and somewhat posteriorly to the acetabulum, is a smooth articulating surface, half an inch in width by an inch and five eighths in length, that, when the specimen was fresh, was covered by a smooth cartilage.

The femur is also atrophied. The head of the bone has disappeared, and but about seven eighths of an inch of the neck remains, irregularly rounded at its extremity; covered, where recent, on the prominent points with smooth cartilage. The lesser trochanter exists merely as a small spiculated process, and the space between it and the neck of the bone is transformed from its normal character to a smooth surface in the recent state, coated with cartilage, from which, here and there, fibrinous bands were thrown off. This surface articulated with that described as existing about the acetabulum, whilst the lesser trochanter was cemented by long fibrinous bands with the dense tissue filling the cotyloid cavity. The smooth surface terminating the neck of the bone, extended  $1\frac{1}{2}$  inches beyond the border of the acetabulum, but no new cavity or articulating surface exists where it rested on the dorsum ilii.

The specimen is interesting in connection with Dr. March's statement, that spontaneous dislocation of the hip seldom or never takes place.

JAN. 28th.—*Eburnation of the Articulating Surfaces of the Femoro-tibial Articulation, from a middle-aged dissecting-room subject. Dr. HODGES reported the case.*

There was no apparent external deformity, nor any deficiency in the motions of the joint. Eburnation existed on the whole of the anterior portion of the articulating surface of the external condyle. The patella, also eburnated and worn thin by attrition, was displaced outward, so as to be disconnected with the internal condyle. The two surfaces were marked with furrows in the direction of the movements of flexion and extension, accurately fitting together and sliding upon each other like pieces of polished

ivory. They were entirely free from cartilage, which elsewhere existed in a normal condition. The joint was surrounded with deposits of irregularly shaped new bone (*stalactites osseuses*), and a single point, pediculated, but firmly attached, of the size and shape of a lentil, existed on the cartilaginous surface of the internal condyle.

JAN. 28th.—*Expulsion of a Fibrous Tumor from the Uterus after delivery.* Reported by Dr. STORER.

A woman, 41 years of age, in labor with her ninth child, sent for Dr. Storer on the 23d of December. In May she had considerable hemorrhage, and was thought by the physician who then attended her to have miscarried. Dr. S. was called upon to visit her on the 24th of September; he found she had been flowing for nearly a month. Upon an examination being made through the abdominal parietes, an exceedingly firm, resisting tumor was felt upon the right side of the linea alba, in the iliac region. Patient was unwilling to be examined *per vaginam*. Two days subsequently she assured Dr. S. she had distinctly felt the motions of the child, and was therefore more averse to a vaginal examination. She was not again seen until after labor had commenced. The breech presented—the labor was rapid, and the entire child, weighing six pounds, was expelled by the same pain. The left side of the head was exceedingly compressed, as has been repeatedly noticed by writers where tumors have existed in the uterus. The placenta, throughout a portion of its extent, was strongly adherent, and, in its removal, which required considerable effort, the solid tumor, diagnosed in September through the parietes, was distinctly recognized. During the succeeding night and day, she suffered severely from after-pains, and forty-eight hours from the time of her delivery, a tumor was thrown off, weighing two pounds. She has rapidly recovered, and is now (March 20th) perfectly well, although she has had no milk. With each of her former children she had a plentiful supply.

Dr. S. supposes the tumor was enucleated in his attempts to separate the placenta.

JAN. 28th.—*Bronchitis and Laryngitis.* Dr. COALE was called on Thursday, Jan. 17th, to Mrs. H., aged 56, a woman of active, energetic habits, and of even, cheerful temperament. She had a slight attack of dysentery in August, and a light, though strongly marked, typhoid fever, commencing with October and ending, so far as medical attendance was concerned, in the first week in December. It left her emaciated and feeble, but she was progressing as rapidly as could be expected towards her former health. On Saturday, the 14th, she went to a small party and returned with the sensation of having taken cold. On Monday some home-made remedies were used, leaving her relieved. On Wednesday she was coughing a good deal, but about the house and occupied with her work. Dr. C. visiting another member of the family, saw Mrs. H. sitting at work and looking as usual. She declared she was not sick enough to have a physician, so Dr. C. did not feel justified in examining very rigidly into her case, but from the symptoms given prescribed diluents, rest in bed, and a very hot poultice over the chest. These did not produce much relief, and a blister was applied at night. The next day, when Dr. C. was called especially to her, he found her in bed, exhibiting signs of great suffering. Pulse 120; skin moist and warm; complained of an acute pain in the region of the larynx, as if a knife were cutting there, particularly in attempting to swallow. This, at times, amounted almost to suffocation. Remembering her favorable appearance and cheerful looks the day before, Dr. C. supposed this to be an acute attack of laryngitis supervening upon a probably slight attack of

bronchitis. Squills, wine of ipecac and elixir of opium were prescribed, and a very large flaxseed poultice was applied to the front of the neck. Three hours after, the patient was found coughing up flakes of purulent mucus and apparently in a way towards relief. In the evening the favorable signs still continued, though the pulse retained its frequency. The skin was warm and moist, the breathing not much hurried, the patient more comfortable. She slept until 5, A. M., Jan. 18th, when she awoke with a sense of suffocation. This increased rapidly, accompanied with frequent cough and expectoration of pus, and death took place about 11 o'clock.

The examination was made 27 hours after death. There was still a fair portion of adeps on the abdomen and chest, in spite of the wasting effects of the typhoid fever.

The *pleura* showed a very slight old adhesion, but contained no fluid, nor did the *pericardium*. The *heart* normal in all respects.

The *lungs* were congested, particularly posteriorly; crepitant for the most part, but impermeable on the posterior aspect.

Slitting open the *air tubes* from the larynx downwards, the lining membrane exhibited everywhere the effects of the highest inflammation. It was deep red, inclining to purple. In the larger tubes dry and rough—in all, covered at intervals with patches of lymph which were larger and more marked on the posterior wall of the trachea. This peculiarity was exhibited as far as the tubes could be traced, and in every part of the lungs. The smaller tubes were filled with a dark, dirty-looking muco-purulent fluid, and occasionally portions of nearly pure pus could be squeezed out from them.

The *patches of Peyer* presented nothing that could be considered as undoubted results of recent typhoid. The other organs offered nothing of particular interest.

The case was evidently of the same nature as the *angine pseudo-membraneuse* of Grisolle—*angine diphtherite* of Brettoneau—but differing remarkably from any case recorded by them, or indeed, as far as can be learned, by any one else, in the disease having been propagated from the tonsils downward through the trachea and bronchia, instead of upwards into the fauces and nares.

JAN. 28th.—*Blood from a Patient who died from the Inhalation of Chloroform.* Dr. OLIVER showed a portion of blood from the body of a person who died about three weeks previously from the inhalation of chloroform. It was still fluid and of a dark-cranberry color; and that subjected to analysis was found to contain a considerable quantity of formic acid, supposed by Dr. C. T. Jackson, who made the analysis, to be owing to the decomposition of chloroform, by which the *formyle* of the latter substance combined with the oxygen of the blood; its *chlorine* probably combining with the fibrin of the blood and thus destroying its coagulability. It is the opinion of Dr. J. that the anæsthetic effect of chloroform may be due to this action upon the blood, which, in certain cases, becomes so altered in constitution as to be no longer capable of absorbing oxygen, and, consequently, unfit to support the functions of life. All the organs in this case were found in a healthy condition, and the *spinal cord, medulla oblongata, and brain, free from congestion*, which would tend to disprove the theory of Flourens that the anæsthetic effects of chloroform are due to a congestion of the nervous centres. This was particularly sought for, especially around the origin of the respiratory nerves, but not a trace of its existence was found.

---

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

---

 BOSTON, APRIL 3, 1856.
 

---

## MEDICAL REFORM IN ENGLAND.

THE subject of "Medical Reform," or a re-organization of the medical profession, has long been agitated in England, and numerous efforts have been made to obtain an act of Parliament for adjusting the conflicting claims and interests of the medical body of that kingdom, and for uniting its various departments into a single organization. The privilege of granting degrees and licenses to practice is there limited to a few corporate institutions, and not possessed, as with us, by every respectable medical college. The number of corporations in the United Kingdom of Great Britain and Ireland, having power to grant degrees in medicine and surgery, is not, we believe, over nineteen, and these differ essentially in the extent and duration of the curricula they enjoin. The accomplishment of a national organization of the profession has been hitherto prevented by the various interests which every plan seemed to contravene, and particularly by the jealousy exhibited by the universities lest their privilege in granting degrees should be interfered with. So desirable, however, has a change become to the great majority of the profession, that a bill which has been recently introduced into the House of Commons, by Mr. Headlam, making a radical change in the organization of the profession, seems likely to become a law. "The great principles of the bill are," in the language of the *Lancet*, "the authentic registration of all qualified practitioners; the establishment, as far as practicable, of an uniform standard of qualification; the central government of the *common* interests of all medical men, apart from the individual corporate interests, by a representative and responsible Medical Council."

According to Mr. Headlam's bill, the whole medical profession in the United Kingdom is to be under the control of a council, consisting of twenty-four members, sixteen of whom are to be elected by the universities and other corporations capable of conferring degrees, each institution being able to elect one member. The other eight are to be chosen by the profession at large, four in England, two in Scotland, and two in Ireland, and are to be called "representative members." All the members hold office for three years, but may be re-elected. The Council is to appoint its own president, treasurer and Secretary, but the Secretary of State is to appoint a registrar, who is to keep a list of all physicians and surgeons entitled to registration, and to publish the same annually. The qualifications for registration are, for physicians, that the individual be twenty-six years of age, that he has graduated in some university of the United Kingdom, or foreign university approved by the council, and that he can exhibit a certificate of having passed a satisfactory examination from one of the Royal Colleges of Physicians of England, Scotland or Ireland. Those who are registered as surgeons must have attained the age of twenty-two years, must have been examined in medicine and pharmacy by the Royal College of Physicians, and in surgery and midwifery by the College of Surgeons. In either case, the applicant is to pay the fee of *ten pounds*; but this applies only to those who have not previously practised; physicians and surgeons



already in practice previously to December 1st, 1856, can be registered on payment of a fee of *one pound*. Every person after being registered, is to become a member of the Royal College of Physicians or of Surgeons; but if the College strike off his name from its list, on account of misconduct, the Registrar shall erase his name from the medical register.

The duties of the Medical Council are to regulate, from time to time, the course of study and examination to be gone through with by all persons applying to the Colleges for testimonials as physicians and surgeons, and of the fees to be taken for admission into the Colleges, and to prepare and publish, from time to time, a pharmacopœia, to be called the *British Pharmacopœia*.

Every person registered under this act will be entitled to demand and recover in any court of law, reasonable charges for medical and surgical aid, advice, visits and medicine, and no other person will be entitled to recover charges for such services. Persons who are not registered will not be qualified for holding any appointment as physician or surgeon to any institution, public or private. Registered persons will be exempt from serving on juries or in the militia.

The bill will be referred to a committee on the 2d of April, and its ultimate fate is somewhat doubtful. Considerable opposition to its passage is anticipated on the part of the universities, notwithstanding the power which the possession of sixteen out of twenty-four votes will give them in the Council. Yet when we consider the protection to be afforded to all legal practitioners in the collection of their fees, the exclusion from such privileges of irregular practitioners, the beneficial results as regards the standard of medical science from the establishment of a uniform curriculum of studies, and high qualifications from candidates for degrees, and the great advantage of a national pharmacopœia, the want of which has always been a source of much inconvenience in Great Britain, we cannot doubt that the bill will eventually pass, though perhaps with some modifications.

#### SUBSTITUTION OF ZINC FOR LEAD IN THE MANUFACTURE OF PLASTERS.

An article in the *Moniteur des Hopitaux* by M. Guéneau de Mussy, on the absorption of the lead from diachylon plaster, has attracted considerable notice in France, and we think it of sufficient importance to present the facts to the readers of the Journal. M. de Mussey, during a residence at the Pyrenees, was struck with the fact that in those patients who made use of diachylon plaster, a black stain was caused by contact with the sulphurous water of the baths, in all places to which the diachylon had been applied. It was found, that if the skin had been in contact with this preparation for a few instants only, a sufficient quantity of lead would adhere, to form a thick layer of sulphuret of lead, after being plunged in the water, which was with difficulty removed. Simply handling the plaster was enough to produce the same reaction with the mineral water on the fingers. It seems probable that the application of plaster to a large ulcerated surface might be followed by the absorption of a considerable quantity of lead into the system, and in fact, such a case is reported in the work of M. Tanquerel on lead-poisoning.

The successful substitution of the oxide of zinc for the oxide of lead, in the manufacture of paints, suggested to M. de Mussey the idea of a plaster, the base of which should be zinc; and at his request, M. Boileau, Jr., a chemist at Luchon, in the Pyrenees, made some experiments with a view to the manufacture of such an article, in which he happily succeeded, by

combining a solution of white soap with a solution of sulphate of zinc. A double decomposition ensued, resulting in an abundant precipitate of oleo-margarate of zinc, which after being washed and dried, was combined with the gum-resins and other substances entering into the composition of diachylon. On account of the drying property of the zinc, it was found necessary to increase the proportion of oil and wax, to preserve the proper consistence of the plaster.

Besides its superiority in containing no lead, this plaster has been found to possess valuable healing properties, owing to the astringent nature of the zinc, which renders it an advantageous application to ulcers.

#### PERFORATION OF THE APPENDIX VERMIFORMIS, &c.

[We translate the following extract from the clinical review of Professor H. Lebert, which is taken from the *Gazette des Hopitaux*, Oct., 1855.]

Perforation of the appendix cæci has been thrice observed in the course of the same year. As in other reported cases of this accident, symptoms of intense peritonitis declared themselves: vomiting, pain in the cæcal region, quick, small, thready pulse, and simultaneously an expression of extreme anxiety and alteration of the features. In neither of these three instances could the assertion be verified that peritonitis in this description of cases is ascribable to the lodgement of foreign bodies in the appendix, perforation of its walls and their final escape into the peritoneal cavity. In each of them, however, M. Lebert discovered diphtheritic inflammation of the walls of the appendix; and, in addition, several small abscesses of about the size of a pea, between the mucous and serous coats; in two instances the internal tunic of the appendix was perforated by these. Perforation [complete] may be caused by these abscesses.

In another patient, a woman 37 years of age, a polypous degeneration of the whole of the large intestine was observed. From her second year she had been subject to diarrhœa, which resisted all treatment. On *post-mortem* examination, an enormous number of small, blackish-gray polypi were found upon the mucous surface of the large intestine. These were found to consist of the hypertrophied tissues of the various coats. This sort of lesion is rare and seems to depend upon chronic enteritis. Several analogous cases are published in the *Bulletins of the Anatomical Society*, by MM. Corvisart, Leudet and X Richard. M. Leudet, some years since, communicated a similar case to M. Lebert. This form of enteritis seems to be entirely beyond treatment.

#### CONSUMPTION IN MASSACHUSETTS.

THE following communication in reply to Dr. Colegrove's article has been delayed much longer than we wished, by reason of the large amount of matter on hand.

MESSRS. EDITORS.—In your Journal for Feb. 25th is an article by Dr. Colegrove, of Buffalo, on the "Frequency of Consumption in different parts of the United States," based on the returns of the U. S. Census for 1850. The aim of the writer is laudable, for it is very desirable to ascertain the comparative frequency of this disease in different parts of our country; but as yet, I fear we have no statistics on which any confident reliance can be placed, which will enable us to form a safe opinion on this point. Certainly, the statistics he quotes are entirely valueless for any such purpose. Even the compiler acknowledges that these mortality statistics are of no authority "in showing the respective pretensions to healthfulness

or unhealthfulness of the several States, or of any great scientific worth in showing the specific causes of death." If they are to be believed, then Mississippi is a far healthier state than Rhode Island; Alabama about twice as healthy as Massachusetts, and much healthier than Maine; even the District of Columbia, Virginia and Maryland are healthier than Massachusetts; while the proportionate number of deaths from consumption in Texas is but half what it is in Louisiana and Virginia; one fifth of what it is in the District of Columbia and Maine; one seventh in Massachusetts, and one fourth of what it is in New York. Dr. C. asks, "wherefore such a disparity in those States contiguous to each other? Is it not possible that some investigation will yield a solution of this mystery?" I answer, very easy. It is found in the cause above stated. It is very evident, as the compiler of the census statistics reports says, that "at least one fourth of the whole number of deaths have not been reported at all." He might have made a still larger deduction, and still been within safe limits. For as they stand, if they even approximate the truth, then the United States is twice as healthy as any other country on the globe; for in a large number of the States the ratio of deaths to the whole population is but a small fraction above 1 in 100! Texas, to be sure, gives nearly 5 in 100, and Louisiana 2; but then Alabama makes up by giving only 1 in 100, and North Carolina and Tennessee the same, while the deaths in Massachusetts are nearly double! New Mexico gives us 5 deaths from phthisis out of a total of 1159! The grand total of deaths in Minnesota for the year ending June, 1850, was 29, of which 1 was by consumption! Moreover, if these reports are to be regarded as authority, then out of a total of 33,516 deaths from this disease, 1294 occurred under 1 year, and 1834 between 1 and 5, or 3128 under 5 years. Such are the kind of facts we meet with in the U. S. Census and Mortality Reports. Is it safe to draw any general deductions from them? I think not.

C. A. L.

*Superintendent to the McLean Asylum.*—Dr. CHAUNCY BOOTH, for many years the intelligent and efficient assistant physician to this institution, has been appointed Superintendent, as successor to Dr. Luther V. Bell, whose resignation was reluctantly accepted by the trustees, a few months since.

THE King of Belgium has just created eighteen of the most distinguished physicians in his kingdom, knights of the order of St. Leopold.—The Belgian government has just decided on according an allowance of 50 per cent. on the conveyance by the State railways of alimentary substances destined for hospitals and other charitable institutions.

*Communications Received.*—Extracts from the Records of the Providence Medical Association.  
—The Pathology of Zymotic Diseases.

DIED.—In Malden, 26th inst., Daniel Gould, M.D., 67.—In New Haven, Conn., 14th inst., Dr. Henry Monson, 30.

*Deaths in Boston* for the week ending Saturday noon, March 29th, 89. Males, 47—females, 42. Accident, 1—apoplexy, 2—asthma, 1—disease of the brain, 1—congestion of the brain, 1—bronchitis, 1—consumption, 19—convulsions, 3—croup, 5—diarrhoea, 1—dropsy, 4—dropsy in the head, 4—debility, 1—infantile diseases, 5—scarlet fever, 1—disease of the heart, 3—intemperance, 2—inflammation of the lungs, 9—congestion of the lungs, 1—disease of the liver, 2—measles, 1—old age, 1—palsy, 1—phlebitis, 1—pleurisy, 1—scarlatina, 1—smallpox, 4—rheumatism, 1—teething, 1—thrush, 1—unknown, 6—whooping cough, 3.

Under 5 years, 36—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 14. Born in the United States, 62—Ireland, 22—British Provinces, 2—Germany, 1—Scotland, 1—West Indies, 1.

**New Test for Nux Vomica.**—The following test, proposed by Vielgruth, and approved by Wittstein, for detecting nux vomica, recommends itself for its simplicity:—A few grains of the substance supposed to contain nux vomica is treated with proof spirit. The tincture thus obtained is evaporated to dryness on a water bath, at a temperature of about 95 degrees. To the residue, a drop or two of dilute sulphuric acid is added. The whole is again exposed to the above-mentioned temperature, when, if nux vomica is present, a beautiful carmine-red color ensues. If the heat is stopped in the course of ten or fifteen minutes, this color disappears; but it will re-appear, although of diminished brightness, by a renewal of the heating. If the temperature be increased, the color becomes reddish-brown, and and finally black, in consequence of the separation of carbonaceous particles.—*London Lancet.*

**Paper containing Arsenic.**—In these days, when the toxicologist is so frequently puzzled to know how the poison which his skill has detected has got into the organism, it may not be unimportant to know that a great quantity of blotting-paper, which is frequently used for filtering, contains arsenic in considerable quantity. Vohl has found, in a grey kind of blotting-paper, upon an average, one grain of arsenic, five-sixths of a grain of oxide of copper, one grain of acid and a grain of oxide of lead, per sheet. He attributes the presence of these poisonous substances to the employment, in the manufacture of this kind of paper, of old carpet which had been dyed with Schweinfurt green, &c.—*Ibid.*

[In the last volume of the *Journal* (p. 68), is the notice of a case of poisoning in a child, caused by chewing a green pasteboard show-card. The green enamel on the surface of the card was found, on examination to contain arsenic.—*Eds.*]

**Liberal Bequest.**—The late Thomas Copeland, Esq., an eminent surgeon of London, who died in November last, has left the munificent sum of £5,000 to the Society for the Relief of Widows and Orphans of Medical Men. The personal property of the deceased was sworn under £180,000, the greater part of which was amassed by him in the practice of his profession.

**Glycerine Internally.**—Several reports have been made of the successful substitution of glycerine for cod-liver oil, the most circumstantial of which is that of Dr. Crawcour, in the *New Orleans Medical News*. He has used it in phthisis, scrofula and mesenteric disease in children; and sometimes in combination with iodine and the various salts of iron. Quinine is soluble in it without the aid of an acid, and he considers it valuable as a solvent of phosphorus. The dose of glycerine is one to three drachms, three times a day, in an ounce of water. In larger doses it causes nausea. It is important to use a pure article. Much of it contains lead from the manner in which it is prepared, but it can be made chemically pure, and at a cheap rate, by decomposing lard or oil with hydrate of lime.—*St. Louis Med. and Surg. Journal.*

**Inferiority of the New Metal.**—According to M. Regnault, the celebrated director of the Government Porcelain Manufactory at Sevres, aluminium is far from possessing the advantages imputed to it. From the experiments he has made, it now appears certain aluminium has no chance of ever competing with silver in color and brilliancy. It is found almost impossible to produce it in a pure state. The specimens shown at the Universal Exposition, when analyzed by M. Regnault, were found to contain 6.50 per cent. of copper, 2.50 of iron, and 1.50 of silicium. The iron and silicium are, therefore, present in sufficient quantity to change the color and diminish the ductility of the aluminium. It is extremely brittle, not easily drawn, and is an exception to the general atomic theory.

**Demilt Dispensary, New York.**—At the fifth anniversary meeting held lately, the Annual Report was read by the Secretary, Mr. Asahel Green, from which we learn that the whole number of patients treated by the several physicians during the past year, has been 20,004—males, 8,542; females, 11,462. Received at the Dispensary, 16,377; visited at their dwellings, 3,627; 7,613, rather more than one third of the whole number, were children. Of the 20,000, 7,305 were natives. The results of treatment during the year have been that 116 had been sent to Hospital, 195 had died, 19,693 had been discharged cured.